DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

PROGRAM SERVICES

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History		
Date Investigation Completed: 11/	10/2004	
Result	SOD#	
SUBSTANTIATED	10009046	
NOT SUBSTANTIATED		
SUBSTANTIATED	10009046	
SUBSTANTIATED	10009046	
Date Investigation Completed: 08/04/2004		
Result	SOD#	
NOT SUBSTANTIATED		
Date Investigation Completed: 04/08/2004		
Result	SOD#	
SUBSTANTIATED	10008982	
NOT SUBSTANTIATED		
	Date Investigation Completed: 11/ Result SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED Date Investigation Completed: 08/ Result NOT SUBSTANTIATED Date Investigation Completed: 04/ Result SUBSTANTIATED	Date Investigation Completed: 11/10/2004 Result SUBSTANTIATED 10009046 NOT SUBSTANTIATED 10009046 SUBSTANTIATED 10009046 SUBSTANTIATED 10009046 Date Investigation Completed: 08/04/2004 Result SOD # NOT SUBSTANTIATED Date Investigation Completed: 04/08/2004 Result SOD # SUBSTANTIATED Date Investigation Completed: 04/08/2004

NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.